

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS <div style="text-align: right;">07/01/96</div> <div style="text-align: right;">12M2/0405</div> <p>MICHAEL W. GLYNN CIBA GEIGY CORPORATION PATENT DEPARTMENT 520 WHITE PLAINS ROAD, P.O. BOX 2005 TARRYTOWN, NY 10591-9005</p>		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side	
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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/410,242	04/04/96	324	RAMSEYER, R	04/05/96
First Named Applicant				

TITLE OF INVENTION

DELTA-AMINO-GAMMA-HYDROXY-OMEGA-ARYL-ALKANOIC ACID AMIDES
(AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1-4 199137A	514 227.500	V71	UTILITY	NO	\$1250.00	07/05/96

3. Correspondence address change (Complete only if there is a change) Ciba-Geigy Corporation Patent Department 520 White Plains Road P.O. Box 2005 Tarrytown, N.Y. 10591-9005	4. For printing on the patent front page , list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. 1 <u>Marla J. Mathias</u> 2 <u>Irving M. Fishman</u> 3 <u>Karen G. Kaiser</u>
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DO NOT USE THIS SPACE

B20 AW 07-0590 07/15/96 08416242
 00147 142 1,250.00CH
 00148 561 30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) (1) NAME OF ASSIGNEE: CIBA-GEIGY Corporation (2) ADDRESS: (CITY & STATE OR COUNTRY) Tarrytown, New York		6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>07-0590</u> (ENCLOSE PART C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u> <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees
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A. ☐ This application is NOT assigned.
☒ Assignment previously submitted to the Patent and Trademark Office. filed 4-25-96.
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <u>Marla J. Mathias</u> 32,663	(Date) <u>7/1/96</u>
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NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on July 1, 1996
(Date)

Marla J. Mathias

(Name of person making deposit)

Marla J. Mathias
(Signature)

July 1, 1996
(Date)

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Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.

1. CORRESPONDENCE ADDRESS

02N2/0405
MICHAEL J. GLYNN
CIBA GEIGY CORPORATION
PATENT DEPARTMENT
120 WHITE PLAINS ROAD, P.O. BOX 2005
TARRYTOWN, NY 10591-2005

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant: MICHAEL J. GLYNN, CIBA GEIGY CORPORATION, 120 WHITE PLAINS ROAD, P.O. BOX 2005, TARRYTOWN, NY 10591-2005				

TITLE OF INVENTION: POSCHKE, RICHARD
DELTA-AMINO-GAMMA-HYDROXY-NMESA-ARYL ALKANOIC ACID AMIDES
(AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
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2a. The following fees are enclosed:

☐ Issue Fee ☐ Advance Order - # of Copies _____

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DEPOSIT ACCOUNT NUMBER 07-0590

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☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Marla J. Mathias Reg. No. 32,663

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TRANSMIT THIS FORM WITH PART 3 WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT